



Date Received \_\_\_\_\_ Operator No. \_\_\_\_\_ Cashier No. \_\_\_\_\_

## Resource Indemnity Trust Tax

For Year Ending December 31, 20\_\_

### Coal Producers

Title 15, Chapter 38, Part 1, MCA

Name \_\_\_\_\_

Name of Mine \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Telephone \_\_\_\_\_

School District \_\_\_\_\_

#### Quantity

#### Gross Revenue

\_\_\_\_\_ \$ \_\_\_\_\_

#### Deductions

Black Lung Tax .....	\$ _____
Federal Reclamation Tax .....	\$ _____
Resource Indemnity Trust Tax .....	\$ _____
Coal Severance Tax .....	\$ _____
Coal Gross Proceeds Tax .....	\$ _____
Royalty Deduction .....	\$ _____
<b>Total Deductions .....</b>	<b>\$ _____</b>

1. Contract Sales Price (gross revenue minus total deductions) ..... \$ \_\_\_\_\_
2. Tax Rate (.4%) ..... .004
3. Tax (Minimum tax = \$25) line 1 times line 2 ..... \$ \_\_\_\_\_
4. Late Pay Penalty (1½% per month) ..... \$ \_\_\_\_\_
5. Interest (1% per month on tax and penalty) ..... \$ \_\_\_\_\_
6. Total Amount Due (Add lines 3 thru 5) ..... \$ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief the information contained herein is true, correct, complete and in compliance with applicable Montana statutes and regulations.

\_\_\_\_\_  
Signature of Principal Officer or Agent

\_\_\_\_\_  
Date

**Date due:** On or before March 1st

**Mail to:** Montana Department of Revenue, P.O. Box 5805, Helena, MT 59604-5805